

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED FEB 26 1962

Primary Registration District No. 3016

Registrar's No. 84

-62-005975

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY, MO.</b>		c. CITY OR TOWN <b>JEFFERSON CITY, MO.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST MARYS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1922 HAYSELTON</b>	
3. NAME OF DECEASED (Type or print) First <b>HELEN</b> Middle <b>ISABELL</b> Last <b>WILLMENO</b>		4. DATE OF DEATH Month <b>FEB.</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>F male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/14/92</b>
9. AGE (last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Elston, Mo.</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Emil F Willmeno</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Gardner</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT <b>Tony Willmeno J C Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Chronic</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b> <b>5 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:30</b> a.m. <b>PM</b> Month, Day, Year <b>1-30-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Jefferson City, Mo.</b>	
20g. COUNTY <b>Jefferson City, Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>1-30-62</b> to <b>2-14-62</b> and last saw her alive on <b>2-14-62</b> Death occurred at <b>2:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>L B Cleblan M.D.</b> (Degree or title)	
22b. ADDRESS <b>712 W High - Jefferson City Mo</b>		22c. DATE SIGNED <b>2-17-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/17/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	
23d. LOCATION (City, town, or county) <b>Jefferson City, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Sydney Diller</b> ADDRESS <b>J C Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>20 February 1962</b>	
26. REGISTRAR'S SIGNATURE <b>R. Harris M.D. Richter, Dep.</b>		27. DATE <b>20 February 1962</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4321

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.